

**LOS ANGELES SCHOOL OF DENTAL ASSISTING**  
2701 Beverly Boulevard, Los Angeles, CA 90057  
(213) 389-6211 Fax (213) 389-4168  
www.losangelesdentalassistant.com

**8-Hour INFECTION CONTROL COURSE REGISTRATION FORM**

Name\_\_\_\_\_

Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_E-Mail\_\_\_\_\_

In case of emergency contact:

Name\_\_\_\_\_Phone (\_\_\_\_) \_\_\_\_\_Relationship\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

I wish to be considered for acceptance for the course scheduled on:\_\_\_\_\_

*The fee for the course does not include PPE.*

**CANCELLATION POLICY:**

The fee for this board approved Infection Control Course is \$220 and part of which is a NON-REFUNDABLE processing fee of \$50.00. Any cancellations, regardless of reason, TWO WEEKS PRIOR TO THE START OF THE CLASS WILL RECEIVE NO REFUNDS WHATSOEVER AND THE ENTIRE PAYMENT IS FORFEITED.

Signature\_\_\_\_\_

Date\_\_\_\_\_